

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 1700-09)

ITEM NO.
654853
ATTORNEY

FILING DATE
10-16-00

	CLAIMS					
	AS FILED		AFTER TRANSMISSION		AFTER TRANSMISSION	
	NO.	O.F.	NO.	O.F.	NO.	O.F.
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NO.	O.F.	NO.	O.F.	NO.	O.F.
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TOTAL					

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